

APPLICATION FOR APPEAL

Property Code Enforcement Legislative Hearing
170 City Hall
Saint Paul, MN 55102
Telephone: (612) 266-8989

1. Address of property being Appealed: _____	2. Number of Dwelling Units: _____	
3. Date of Letter Appealed: _____		
4. Name of Owner: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: Business _____ Residence _____ Signature: _____		
5. Name of Appellant / Applicant (if other than owner): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: Business _____ Residence _____ Signature: _____		
6. State specifically what is being appealed and why (Use an attachment if necessary): _____ _____ _____ _____ _____ _____		
<p>NOTE: A \$25.00 filing fee made payable to the City of Saint Paul must accompany this application as a necessary condition for filing. You must attach a copy of the original orders and any other correspondence relative to this appeal.</p> <p>Any person aggrieved by the final decision of the City Council may obtain judicial review by timely</p>		
For Office Use Only		
<u>Date Received:</u>	<u>Fee Received:</u>	<u>Receipt Number:</u>